

(Ms. ERNST) was added as a cosponsor of S. Res. 98, a resolution establishing the Congressional Gold Star Family Fellowship Program for the placement in offices of Senators of children, spouses, and siblings of members of the Armed Forces who are hostile casualties or who have died from a training-related injury.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. YOUNG:

S. 2063. A bill to amend title XI of the Social Security Act with respect to organ procurement organizations; to the Committee on Finance.

Mr. YOUNG. Mr. President, I rise today to discuss an issue that is very important to me and to the 1,300 Hoosiers currently in need of an organ transplant. That issue is the lack of organs for patients in need and our broken organ donation system.

For more than 30 years, our Nation's organ donation system has operated in complete darkness. Groups known as organ procurement organizations, or OPOs, are responsible for getting organs from the donors to the patients who actually need them, but questions surround the effectiveness, transparency, and accountability of these organizations.

OPOs are the main link between donor hospitals and organ recipients, and their performance can be a limiting factor for all stakeholders in the organ donation system.

In the last 20 years, no OPO has been decertified despite serious issues of underperformance. For example, CMS recently recertified the New York City OPO despite persistent underperformance for nearly a decade. This problem exists throughout the country.

Currently, OPO performance is measured by data that is self-reported, unaudited, and fraught with errors. Many of these errors have been documented by Lenny Bernstein and Kimberly Kindy at the Washington Post.

That is why today I introduced legislation that would require organ procurement organizations to be held to metrics that are objective, verifiable, and not subject to self-interpretation. This way, there can be meaningful transparency, evaluation, and accountability. Updating these metrics will also enable geographic-level donation rates to be evaluated and improved. This is desperately needed for the more than 113,000 Americans currently waiting for a lifesaving transplant. The legislation I introduced today is supported by the American Society of Nephrology, Dialysis Patient Citizens, and the nonprofit group ORGANIZE. Additionally, in April of this year, I wrote to CMS Administrator Seema Verma urging CMS to update OPO metrics to be objective and verifiable.

I am hopeful that we will soon see action from the White House and the Department of Health and Human Services. You see, this issue is very per-

sonal to me. My friend Dave "Gunny" McFarland from Jeffersonville, IN, died because his heart transplant never came. We served together in the U.S. Marine Corps, and over the years, I have gotten to know his widow, Jennifer McFarland Kern. Jen has made it her mission to raise awareness about the organ transplant process and to help prevent others from facing a similar situation.

Because the system is so complex, most people don't know how it works or if patients are actually being protected. It is time to change that. Today's legislation is the first in a series of bills I am working on to reform our organ donation system once and for all and help save precious lives. I will not stop until we increase the availability of organs for patients in need.

Semper fidelis.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 272—CONGRATULATING THE UNITED STATES WOMEN'S NATIONAL SOCCER TEAM ON WINNING THE 2019 FIFA WOMEN'S WORLD CUP

Mr. WICKER submitted the following resolution; which was referred to the Committee on Commerce, Science, and Transportation:

S. RES. 272

Whereas, on July 7, 2019, the United States Women's National Soccer Team won the 2019 FIFA Women's World Cup by defeating the Netherlands Women's National Football Team;

Whereas, that victory marks the first time a country has won 4 Women's World Cup titles;

Whereas, the United States Women's National Soccer Team began its historic run with an overwhelming 13-0 victory, the largest ever winning margin in the history of World Cup soccer;

Whereas, over the course of the month-long tournament, the United States Women's National Soccer Team scored 26 goals, breaking the record the team set in 1991 of 25 goals; and

Whereas the players of the United States Women's National Soccer Team presented a shining example of sportsmanship, camaraderie, and skill to all people of the United States and to the world: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates the United States Women's National Soccer Team for winning an unprecedented 4 Women's World Cup titles and for inspiring a new generation of youth in the United States to strive for physical greatness and athletic achievement; and

(2) directs the Secretary of the Senate to transmit an enrolled copy of this resolution to—

(A) Carlos Cordeiro, President of the United States Soccer Federation; and

(B) Jill Ellis, Head Coach of the United States Women's National Soccer Team.

SENATE RESOLUTION 273—EXPRESSING THE SENSE OF THE SENATE WITH RESPECT TO HEALTH CARE RIGHTS

Mr. MERKLEY (for himself, Mr. MENENDEZ, Mr. SCHATZ, Ms. BALDWIN,

Mrs. SHAHEEN, Mr. MURPHY, Mr. SANDERS, Ms. HASSAN, Mr. CARDIN, Mr. DURBIN, Mr. BLUMENTHAL, Mrs. GILLIBRAND, Ms. DUCKWORTH, Mr. BROWN, Ms. KLOBUCHAR, Ms. WARREN, Mr. MARKEY, and Mrs. FEINSTEIN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 273

Resolved, That it is the sense of the Senate that all people of the United States have the right—

(1) to affordable health insurance coverage, including—

(A) the right of individuals with pre-existing conditions to secure health insurance with the same terms, benefits, and price as individuals who do not have pre-existing conditions;

(B) the right to a comprehensive set of essential health benefits in the individual and small group markets;

(C) the right to stay on a parent's policy until age 26 for young adults who meet certain requirements;

(D) the right to keep health coverage after getting sick, even if the individual made an honest mistake on his or her insurance application;

(E) the right to use an individual's own resources to purchase and pay for treatment or services; and

(F) the right to a cap on the yearly deductibles and other out-of-pocket costs an individual is required to pay for covered services under a health insurance plan;

(2) to coverage and access to health care services, including—

(A) the right to health insurance coverage regardless of an individual's pre-existing medical conditions or health status;

(B) the right to certain preventive screenings without paying out-of-pocket fees or copayments;

(C) the right to health insurance that provides value relative to the premium cost;

(D) the right to be held harmless from surprise medical bills;

(E) the right to coverage of mental health and substance abuse services with no annual or lifetime limits (including behavioral health treatment, mental and behavioral health inpatient services, substance use disorder treatment);

(F) the right to mental health and substance abuse benefits without financial, treatment, or care management limitations that only apply to such benefits;

(G) the right to access all smoking cessation medications that are approved by the Food and Drug Administration;

(H) the right to choose a provider, and to receive an accurate list of all participating providers;

(I) the right to access doctors, specialists, and hospitals;

(J) the right to emergency medical services without—

(i) preauthorization for emergency services;

(ii) extra administrative hurdles for out-of-network emergency services; or

(iii) higher cost-sharing for out-of-network emergency services than in-network emergency services;

(K) the right to affordable medications;

(L) the right to physical, mental, and oral care;

(M) the right to a treatment plan from provider for a complex or serious medical condition;

(N) the right to go directly to a women's health care specialist (including obstetricians and gynecologists) without a referral for routine and preventive health care services;